CALIFORNIA HORSE RACING BOARD

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Postmortem Examination Review Summary #165

Horse Information: 2-year-old Thoroughbred.

<u>Incident Summary</u>: This horse was referred to an equine hospital. The horse had been diagnosed at the track with sepsis of the left forelimb tendon sheath and right hind fetlock joint and had a history of fever and weight loss. The horse was treated with ampicillin and enrofloxacin, different antibiotics than what the horse received at the track, however, the following day, the horse was euthanized with pentobarbital due to a poor prognosis.

<u>Necropsy Summary:</u> Necropsy revealed aortic valvular endocarditis and sepsis. Histology of the right hind fetlock joint revealed fibrinosuppurative and lymphohistiocytic synovitis. The left front limb had cellulitis and histology revealed chronic, fibrinosuppurative peritendonitis of the deep digital and superficial digital flexor tendons.

Racing/Training History: This unraced horse had been training and rehabilitating after an injury in a fence. The trainer was informed that a laceration had penetrated the tendons in the left front distal limb. The trainer treated the horse with a 5-day course of dewormer and a month later the horse received another dewormer as the horse was not maintaining body condition. One day swelling was noted in the left front limb, and it was assumed trauma from the horse pulling a shoe the prior day. The following day all four limbs were swollen and the next day the horse had a decreased appetite. The trainer administered a 3-day course of trichlormethiazide/dexamethasone oral powder. The trainer recalled the left forelimb tendon sheath effusion was worse than the right hind fetlock effusion.

<u>Veterinary History Summary:</u> A pre-work examination noted a scar over the left distal forelimb tendons. When all 4 limbs were swollen the horse was treated with a four-day course of gentamicin and flunixin meglumine. Two days later the horse also received intravenous fluids with DMSO, and acepromazine as laminitis was a concern as the horse was reluctant to walk.

Pre-race Examinations: N/A

<u>Conclusion</u>: This horse developed bacterial endocarditis and sepsis, with an infection in the left front tendons in the distal limb and right hind fetlock joint. It is unknown if a deep laceration to the tendons in the left front limb several months prior contributed to the disease process.